

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

RADHIKA VEGESNA, Personal :  
Representative of the ESTATE :  
OF RAJESH PADMARAJU, Deceased :  
Plaintiff :

VS. : NO. 03-295 ERIE

ISD TRANSPORTATION COMPANY, :  
INC., MANDEEP SINGH, SAMINDER :  
SINGH, and SAMINDER SINGH, :  
d/b/a ISD TRANSPORTATION :  
COMPANY, INC., Defendants :

RADHIKA VEGESNA, Personal :  
Representative of the ESTATE :  
OF RAJESH PADMARAJU, Deceased :  
Plaintiff :

VS. : NO. 03-317 ERIE

SAMINDER SINGH and SAMINDER :  
SINGH, d/b/a ISD :  
TRANSPORTATION COMPANY, INC., :  
Defendants :

RADHIKA VEGESNA, Personal :  
Representative of the ESTATE :  
OF RAJESH PADMARAJU, Deceased, :  
Plaintiff :

VS. : NO. 04-34 ERIE

ISD TRANSPORTATION, COMPANY, :  
INC., SAMINDER SINGH, :  
SAMINDER SINGH, d/b/a ISD :  
TRANSPORTATION COMPANY, INC., :  
MANDEEP SINGH and GURMINDER :  
SINGH, Defendants :

PLAINTIFF'S REQUESTS FOR  
ADMISSIONS DIRECTED TO DEFENDANT, MANDEEP SINGH

AND NOW comes the Plaintiff, RADHIKA VEGESNA, by her  
counsel, ANDREW J. CONNER of CONNER RILEY & FRYLING, 17 West  
Tenth Street, P.O. Box, Erie, Pennsylvania 16512-0860, and,  
pursuant to Rule 36 of the Federal Rules of Civil Procedure,  
submits the following Requests for Admissions directed to the

Defendant, Mandeep Singh, all of which are to be answered within thirty (30) days under oath in accordance with the Federal Rules of Civil Procedure.

1. Does the Defendant, Mandeep Singh, admit that attached hereto as Exhibit "A" is a copy of the original and supplemental Pennsylvania State Police report (19 pages) of the October 5, 2001 collision giving rise to the death of Rajesh Padmaraju?

ADMITTED.

DENIED.

2. Does the Defendant, Mandeep Singh, admit that attached hereto as Exhibit "B" is a copy of his California Commercial Driver's License in effect as of October 5, 2001?

ADMITTED.

DENIED.

3. Does the Defendant, Mandeep Singh, admit that after the October 5, 2001 fatality, giving rise to this action, he advised the Pennsylvania State Police of his phone number, (661) 746-2900, which the Pennsylvania State Police correctly recorded on page 6 of Exhibit "A"?

ADMITTED.

DENIED.

4. Does the Defendant, Mandeep Singh, admit that his residence address on his California Commercial Driver's License is accurately recorded as 30348 Madera Drive, Shafter, California 92363?

ADMITTED.

DENIED.

5. Does the Defendant, Mandeep Singh, admit that phone number (661) 746-2900, as of October 5, 2001, was issued in the name of Karmjit Kaur at 30348 Medera Avenue, Shafter, California 93263?

ADMITTED.

DENIED.

6. With respect to Karmjit Kaur, as of October 5, 2001, does the Defendant, Mandeep Singh:

(a) Admit he was personally acquainted with him?

ADMITTED.

DENIED.

(b) Deny he was personally acquainted with him?

ADMITTED.

DENIED.

7. Does the Defendant, Mandeep Singh, admit that as of January 31, 2002, phone number (661) 746-2935, was listed to

Mandeep Singh and Manjinder Singh, 475 North Wall Street,  
Shafter, California 93263?

ADMITTED.

DENIED.

8. Does the Defendant, Mandeep Singh, admit the following  
with respect to phone number (661) 746-2935, made reference to in  
the previous Request for Admission:

(a) It had not been listed in his name as of October  
5, 2001?

ADMITTED.

DENIED.


(b) It had been first listed in his name on a date  
after October 5, 2001 and prior to January 31, 2002?

ADMITTED.

DENIED.

Respectfully submitted,

CONNER RILEY & FRYLING

BY   
ANDREW J. CONNER, ESQUIRE  
ATTORNEY FOR PLAINTIFF  
17 West Tenth Street  
P.O. Box 860  
Erie, PA 16512-0860  
(814) 453-3343

DATED: April 29, 2005.

000745-19

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM

FATAL

New

1400870

AA 45 1.1

Case Closed

Yes No

Page 001

Change  
Continue

Police Agency Data	Incident Number E1-975913		Precinct ERIE		Investigation Date (MM-DD-YYYY) 10-05-2001	
	Agency Name PA STATE POLICE		Investigator TAR DAVID J. PECK		Badge Number 7391	
Crash Data	Dispatch Time (mm) 2336		Arrival Time (mm) 2348		Approval Date (MM-DD-YYYY) 10-07-2001	
	Reviewer CAL WATKINS		Badge Number 4794		Approval Date (MM-DD-YYYY) 10-07-2001	
Crash Data	County 25 ERIE		Municipality 213 MILLCREEK TWP		Day of Week <input type="radio"/> Sun <input type="radio"/> Mon <input checked="" type="radio"/> Tue <input type="radio"/> Wed <input type="radio"/> Thu <input type="radio"/> Fri <input type="radio"/> Sat <input type="radio"/> Sun	
	Crash Date (MM-DD-YYYY) 10-05-2001		Crash Time (Military) 2334		No of Units 03	
Unit Information	Reportable Crash <input checked="" type="radio"/> Yes <input type="radio"/> No		Not by Highway Maintenance <input type="radio"/> Yes <input checked="" type="radio"/> No		School Bus Related <input type="radio"/> Yes <input checked="" type="radio"/> No	
	School Zone Related <input type="radio"/> Yes <input checked="" type="radio"/> No		PennDOT Property <input type="radio"/> Yes <input checked="" type="radio"/> No			
Unit Information	Unit Number 01		Motor Vehicle in Transport <input type="radio"/> Motor Vehicle in Transport <input type="radio"/> Pedestrian		Hit & Run Vehicle <input type="radio"/> Hit & Run Vehicle <input type="radio"/> Pedestrian on Streets in Wheelchair, etc	
	Delete? <input type="checkbox"/> Type Unit <input checked="" type="checkbox"/>		Motor Vehicle in Transport <input type="radio"/> Motor Vehicle in Transport <input type="radio"/> Pedestrian		Hit & Run Vehicle <input type="radio"/> Hit & Run Vehicle <input type="radio"/> Pedestrian on Streets in Wheelchair, etc	
Unit Information	Owner Last Name (If Pedestrian, skip to Form AA 45 3.1) PADMARAJU		FI R		MI 508-853-5768	
	Address 54 HARLEY DR APT #8		City WORLESTER		State MA	
Unit Information	VIN 4A3AK34Y1TE340603		Model Year 1996		Vehicle Make 52	
	License Plate 4363MR		Reg. State MA		Travel Speed 00	
Unit Information	Insurance <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Un-known		Insurance Company LIBERTY MUTUAL		Policy No UNKNOWN	
	Vehicle Towed <input checked="" type="radio"/> Yes <input type="radio"/> No		Towed To HAMMETT AUTO		Towed By HAMMETT AUTO	
Unit Information	Insurance Company Phone UNKNOWN		Tow Agency Phone 844-825-4989		Commercial Vehicle <input type="radio"/> Yes <input checked="" type="radio"/> No	
	If Yes, Complete Form AA 45 C.1					
Unit Information	Unit Number 02		Motor Vehicle in Transport <input type="radio"/> Motor Vehicle in Transport <input type="radio"/> Pedestrian		Hit & Run Vehicle <input type="radio"/> Hit & Run Vehicle <input type="radio"/> Pedestrian on Streets in Wheelchair, etc	
	Delete? <input type="checkbox"/> Type Unit <input checked="" type="checkbox"/>		Motor Vehicle in Transport <input type="radio"/> Motor Vehicle in Transport <input type="radio"/> Pedestrian		Hit & Run Vehicle <input type="radio"/> Hit & Run Vehicle <input type="radio"/> Pedestrian on Streets in Wheelchair, etc	
Unit Information	Owner Last Name (If Pedestrian, skip to Form AA 45 3.1) NOLAN		FI SL		MI 844-44280	
	Address 8050 W PLATZ RD		City FARVIEW		State PA	
Unit Information	VIN 4S3BK4353V6306583		Model Year 1997		Vehicle Make 48	
	License Plate XTD 746		Reg. State PA		Travel Speed 35	
Unit Information	Insurance <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Un-known		Insurance Company		Policy No	
	Vehicle Towed <input checked="" type="radio"/> Yes <input type="radio"/> No		Towed To HAMMETT AUTO		Towed By HAMMETT AUTO	
Unit Information	Insurance Company Phone		Tow Agency Phone 844-825-4989		Commercial Vehicle <input type="radio"/> Yes <input checked="" type="radio"/> No	
	If Yes, Complete Form AA 45 C.1					

EXHIBIT

"A"

000746

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM

1400870

New

Crash Number

P0163738

AA 45 1 1

Case Closed  
Yes No

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P0163737

Police Agency Data	Incident Number	E1-975(9)63										Police Agency					Patrol Zone					
	Agency Name											Precinct					Investigation Date (MM-DD-YYYY)					
	Dispatch Time (mm)			Arrival Time (mm)			Investigator					Badge Number										
	Reviewer											Badge Number					Approval Date (MM-DD-YYYY)					
Crash Data	County					County Name					Municipality					Municipality Name						
	Crash Date (MM-DD-YYYY)					Crash Time (Military)					No. of Units			No. of People			No. Injured			No. Killed		
	Reportable Crash	<input type="checkbox"/> Yes <input type="checkbox"/> No		Not by Highway Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No		School Bus Related	<input type="checkbox"/> Yes <input type="checkbox"/> No		School Zone Related	<input type="checkbox"/> Yes <input type="checkbox"/> No		PennDOT Property	<input type="checkbox"/> Yes <input type="checkbox"/> No								
	Day of Week	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat																				
Unit Information	Unit Number	03		Delete?	<input type="checkbox"/>		Type Unit	<input checked="" type="checkbox"/> Motor Vehicle in Transport		<input type="checkbox"/> Hit & Run Vehicle		<input type="checkbox"/> Illegally Parked		<input type="checkbox"/> Legally Parked		<input type="checkbox"/> Non-Motorized						
									<input type="checkbox"/> Pedestrian		<input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc		<input type="checkbox"/> Disabled From Previous Crash		<input type="checkbox"/> Train		<input type="checkbox"/> Phantom Vehicle					
	Owner Last Name (If Pedestrian, skip to Form AA 45 3 1)																					
	Address																					
	City																					
	State																					
	Zip																					
	VIN																					
	Model Year																					
	Vehicle Make*																					
*Refer to List on Back of Overlay																						
Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known Insurance Company <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known Policy No. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known Insurance Company Phone <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known																						
Vehicle Towed <input type="checkbox"/> Yes <input type="checkbox"/> No Towed To <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known Towed By <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known Tow Agency Phone <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known																						
Unit Information	Unit Number	04		Delete?	<input type="checkbox"/>		Type Unit	<input checked="" type="checkbox"/> Motor Vehicle in Transport		<input type="checkbox"/> Hit & Run Vehicle		<input type="checkbox"/> Illegally Parked		<input type="checkbox"/> Legally Parked		<input type="checkbox"/> Non-Motorized						
									<input type="checkbox"/> Pedestrian		<input type="checkbox"/> Pedestrian on Skates, in Wheelchair, etc		<input type="checkbox"/> Disabled From Previous Crash		<input type="checkbox"/> Train		<input type="checkbox"/> Phantom Vehicle					
	Owner Last Name (If Pedestrian, skip to Form AA 45 3 1)																					
	Address																					
	City																					
	State																					
	Zip																					
	VIN																					
	Model Year																					
	Vehicle Make*																					
*Refer to List on Back of Overlay																						
Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known Insurance Company <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known Policy No. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known Insurance Company Phone <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known																						
Vehicle Towed <input type="checkbox"/> Yes <input type="checkbox"/> No Towed To <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known Towed By <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known Tow Agency Phone <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Un-known																						

## COMMONWEALTH OF PENNSYLVANIA

POLICE CRASH REPORTING FORM 000747

1400870

Crash Number

P0163737

AA 45 2 1

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Continuation

Vehicle Information

Unit Number <b>01</b>	Trailing Unit(s) Number of Trailing Units	Type of Unit 1=Towing Passenger Veh 2=Towing Truck 3=Towing Utility Trailer 4=Mobile or Modular Home 9=Unknown	5=Camper 6=Trailer 7=Semi-Trailer 8=Other 9=Unknown	Tag No <input type="checkbox"/>	Tag Year <input type="checkbox"/>	Tag State <input type="checkbox"/>
Vehicle Color <b>02</b>	Vehicle Type <b>01</b>	Special Usage <b>00</b>		12=Commercial Passenger Carrier 13=Truck 14=Tractor Trailer 15=Tractor Trailer 16=Triple Trailer 17=Modified Veh 18=Unknown		
Initial Impact Point <b>07</b>	Damage Indicator <b>3</b>	Vehicle Role <b>2</b>		Vehicle Position <b>01</b>		
Direction of Travel <b>W</b>	Movement <b>03</b>	Gradient <b>1</b>		Alignment <b>1</b>		

Vehicle Information

Unit Number <b>02</b>	Trailing Unit(s) Number of Trailing Units	Type of Unit 1=Towing Passenger Veh 2=Towing Truck 3=Towing Utility Trailer 4=Mobile or Modular Home 9=Unknown	5=Camper 6=Trailer 7=Semi-Trailer 8=Other 9=Unknown	Tag No <input type="checkbox"/>	Tag Year <input type="checkbox"/>	Tag State <input type="checkbox"/>
Vehicle Color <b>01</b>	Vehicle Type <b>01</b>	Special Usage <b>00</b>		12=Commercial Passenger Carrier 13=Truck 14=Tractor Trailer 15=Tractor Trailer 16=Triple Trailer 17=Modified Veh 18=Unknown		
Initial Impact Point <b>07</b>	Damage Indicator <b>3</b>	Vehicle Role <b>3</b>		Vehicle Position <b>01</b>		
Direction of Travel <b>W</b>	Movement <b>02</b>	Gradient <b>1</b>		Alignment <b>1</b>		

Vehicle Information	Unit Number <b>04</b>	Trailing Unit(s) Number of Trailing Units <b>1</b>	Type of Unit 1=Towing Passenger Veh 2=Towing Truck 3=Towing Utility Trailer 4=Mobile or Modular Home	5=Camper 6=Trailer 7=Semi-Trailer 8=Other 9=Unknown	Tag No <b>6222DG</b>	Tag Year <b>2001</b>	Tag State <b>OK</b>
					Tag No	Tag Year	Tag State
	Vehicle Color <b>01</b>		Vehicle Type <b>05</b>		Special Usage <b>21</b>		
	01=Blue 02=Red 03=White 04=Green 05=Black 06=Yellow 07=Silver 08=Gold 09=Brown 10=Orange 11=Purple 12=Other 99=Unknown		01=Automobile 02=Motorcycle 03=Bus 04=Small Truck 05=Large Truck 10=Snowmobile 11=Farm Equip 12=Construction Equip 18=Other Type Special Veh 19=Unknown Type Special Veh 20=Unicycle, Bicycle, Tricycle 21=Other Pedalcycle		22=Horse and Buggy 23=Horse and Rider 24=Train 25=Trolley 98=Other 99=Unknown 00=Not Applicable 01=Fire Veh 02=Ambulance 03=Police 08=Other Emergency Vehicle 11=Pupil Transport 12=Commercial Passenger Carrier 13=Truck 21=Tractor Trailer 22=Truck Trailer 23=Triple Trailer 31=Modified Veh 99=Unknown		
	Initial Impact Point <b>01</b>		Damage Indicator <b>3</b>		Vehicle Role <b>1</b>		Vehicle Position <b>01</b>
	00=Non-Collision 13=Top 14=Undercarriage 15=Towed Unit 99=Unknown		0=Non-Collision 1=Minor (Driveable) 2=Functional (Moderate Damage, May Not be Driveable) 3=Disabling (Severe - Not Driveable) 9=Unknown		0=Non-Collision 1=Striking 2=Struck 3=Both Striking and Struck		00=Not Applicable 01=Right Lane (Curb) 02=Right Turn Lane 03=Left Lane 04=Left Turn Lane 05=2-Direction Center Turn Lane 06=Other Forward Moving Lane 07=Oncoming Traffic Lane 08=Left of Trafficway 09=Right of Trafficway 10=HOV Lane 11=Shoulder Right 12=Shoulder Left 13=One Lane Road 98=Other 99=Unknown
	Direction of Travel <b>W</b>		Movement <b>01</b>		Gradient <b>1</b>		
	N=North S=South E=East W=West U=Unknown		01=Going Straight 02=Slowing/Stopping in Lane 03=Stopped in Traffic Lane 04=Passing/Overtaking Veh 05=Leaving a Parked Position 06=Parked 07=Entering a Parked Position 08=Trying to Avoid Animal, Ped, Object, Veh, etc 09=Turning Right on Red 10=Turning Right 11=Turning Left on Red 12=Turning Left 13=Making a U-Turn 14=Backing Up 15=Changing Lanes or Merging 16=Negotiating Curve - Right 17=Negotiating Curve - Left 98=Other 99=Unknown		1=Level Roadway 2=Uphill 3=Downhill 4=Sag/Bottom of Hill 5=Crest/Top of Hill 9=Unknown		
					Alignment <b>1</b>		
					1=Straight 2=Curved 9=Unknown		

Vehicle Information	Unit Number	Trailing Unit(s) Number of Trailing Units	Type of Unit 1=Towing Passenger Veh 2=Towing Truck 3=Towing Utility Trailer 4=Mobile or Modular Home	5=Camper 6=Trailer 7=Semi-Trailer 8=Other 9=Unknown	Tag No	Tag Year	Tag State
					Tag No	Tag Year	Tag State
	Vehicle Color		Vehicle Type		Special Usage		
	01=Blue 02=Red 03=White 04=Green 05=Black 06=Yellow 07=Silver 08=Gold 09=Brown 10=Orange 11=Purple 12=Other 99=Unknown		01=Automobile 02=Motorcycle 03=Bus 04=Small Truck 05=Large Truck 10=Snowmobile 11=Farm Equip 12=Construction Equip 18=Other Type Special Veh 19=Unknown Type Special Veh 20=Unicycle, Bicycle, Tricycle 21=Other Pedalcycle		22=Horse and Buggy 23=Horse and Rider 24=Train 25=Trolley 98=Other 99=Unknown 00=Not Applicable 01=Fire Veh 02=Ambulance 03=Police 08=Other Emergency Vehicle 11=Pupil Transport 12=Commercial Passenger Carrier 13=Truck 21=Tractor Trailer 22=Truck Trailer 23=Triple Trailer 31=Modified Veh 99=Unknown		
	Initial Impact Point		Damage Indicator		Vehicle Role		Vehicle Position
	00=Non-Collision 13=Top 14=Undercarriage 15=Towed Unit 99=Unknown		0=Non-Collision 1=Minor (Driveable) 2=Functional (Moderate Damage, May Not be Driveable) 3=Disabling (Severe - Not Driveable) 9=Unknown		0=Non-Collision 1=Striking 2=Struck 3=Both Striking and Struck		00=Not Applicable 01=Right Lane (Curb) 02=Right Turn Lane 03=Left Lane 04=Left Turn Lane 05=2-Direction Center Turn Lane 06=Other Forward Moving Lane 07=Oncoming Traffic Lane 08=Left of Trafficway 09=Right of Trafficway 10=HOV Lane 11=Shoulder Right 12=Shoulder Left 13=One Lane Road 98=Other 99=Unknown
	Direction of Travel		Movement		Gradient		
	N=North S=South E=East W=West U=Unknown		01=Going Straight 02=Slowing/Stopping in Lane 03=Stopped in Traffic Lane 04=Passing/Overtaking Veh 05=Leaving a Parked Position 06=Parked 07=Entering a Parked Position 08=Trying to Avoid Animal, Ped, Object, Veh, etc 09=Turning Right on Red 10=Turning Right 11=Turning Left on Red 12=Turning Left 13=Making a U-Turn 14=Backing Up 15=Changing Lanes or Merging 16=Negotiating Curve - Right 17=Negotiating Curve - Left 98=Other 99=Unknown		1=Level Roadway 2=Uphill 3=Downhill 4=Sag/Bottom of Hill 5=Crest/Top of Hill 9=Unknown		
					Alignment		
					1=Straight 2=Curved 9=Unknown		

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM 000749

1400870

Crash Number

P0163737

AA 4531

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Unit Number Last Name		PI MI Telephone Number	
02 NOLAN		S M 614474-5361	
Address		City State Zip	
RD 8000 W PLATZ RD E		GARDEN PA 16415	
License Number		State	
15110409		PA	
If License Number is unknown or driver is not licensed, see manual			
<b>Alcohol/Drugs Suspected</b> <input checked="" type="radio"/> No <input type="radio"/> Illegal Drugs <input type="radio"/> Medication <input type="radio"/> Alcohol <input type="radio"/> Alcohol and Drugs <input type="radio"/> Unknown		<b>Pedestrian Signal at Scene of Crash</b> <input type="radio"/> No Pedestrian Signal <input type="radio"/> Not at Intersection <input type="radio"/> Pedestrian Signal	
<b>Alcohol Test Type</b> <input checked="" type="radio"/> Test Not Given <input type="radio"/> Breath <input type="radio"/> Other <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Unknown if Test Given		<b>Pedestrian Location</b> <input type="radio"/> Marked Crosswalks at Intersection <input type="radio"/> In Roadway <input type="radio"/> < 10 Feet Off Road <input type="radio"/> At Intersection - No Crosswalks <input type="radio"/> Not in Roadway <input type="radio"/> > 10 Feet Off Road <input type="radio"/> Non-Intersection Crosswalks <input type="radio"/> Median <input type="radio"/> Outside Trafficway <input type="radio"/> Driveway Access <input type="radio"/> Shoulder <input type="radio"/> Shared Path/Trail <input type="radio"/> Sidewalk <input type="radio"/> Unknown	
<b>Alcohol Test Results</b> <input type="text" value="0"/> <input type="text" value=""/> <input type="text" value=""/> <input type="radio"/> Test Refused <input type="radio"/> Unknown Results <input type="radio"/> Test Given, Contaminated Results		<b>Vehicle Code</b> List any Vehicle Code Section this driver has violated and mark if they were charged. <input type="text" value=""/> <input type="radio"/> Yes <input type="radio"/> No <input type="text" value=""/> <input type="radio"/> Yes <input type="radio"/> No	
<b>Driver or Pedestrian Physical Condition</b> <input checked="" type="radio"/> Apparently Normal <input type="radio"/> Illegal Drug Use <input type="radio"/> Fatigue <input type="radio"/> Medication <input type="radio"/> Had Been Drinking <input type="radio"/> Sick <input type="radio"/> Asleep <input type="radio"/> Unknown		<b>Driver Presence</b> <input type="text" value="1"/> <input type="radio"/> 1=Driver Operated Vehicle <input type="radio"/> 3=Driver Fleed Scene <input type="radio"/> 2=No Driver <input type="radio"/> 4=Hit and Run <input type="radio"/> 9=Unknown	
<b>Owner/Driver Code</b> <input type="text" value="01"/>		<b>Owner/Driver Code</b> 00=Not Applicable 01=Private Vehicle Owned/Leased by Driver 02=Private Vehicle Not Owned/Leased by Driver 03=Rented Vehicle 04=State Police Vehicle 05=PennDOT Vehicle 06=Other State Gov Vehicle 07=Municipal Police Vehicle 08=Other Municipal Government Vehicle 09=Federal Gov Vehicle 98=Other 99=Unknown	
Unit Number Last Name		PI MI Telephone Number	
03 PADMARAJU		R	
Address		City State Zip	
4 ARENA ST		WORCESTER MA 01603	
License Number		State	
364234305		MA	
If License Number is unknown or driver is not licensed, see manual			
<b>Alcohol/Drugs Suspected</b> <input checked="" type="radio"/> No <input type="radio"/> Illegal Drugs <input type="radio"/> Medication <input type="radio"/> Alcohol <input type="radio"/> Alcohol and Drugs <input type="radio"/> Unknown		<b>Pedestrian Signal at Scene of Crash</b> <input checked="" type="radio"/> No Pedestrian Signal <input type="radio"/> Not at Intersection <input type="radio"/> Pedestrian Signal	
<b>Alcohol Test Type</b> <input checked="" type="radio"/> Test Not Given <input type="radio"/> Breath <input type="radio"/> Other <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Unknown if Test Given		<b>Pedestrian Location</b> <input type="radio"/> Marked Crosswalks at Intersection <input type="radio"/> In Roadway <input type="radio"/> < 10 Feet Off Road <input type="radio"/> At Intersection - No Crosswalks <input type="radio"/> Not in Roadway <input type="radio"/> > 10 Feet Off Road <input type="radio"/> Non-Intersection Crosswalks <input type="radio"/> Median <input type="radio"/> Outside Trafficway <input type="radio"/> Driveway Access <input type="radio"/> Shoulder <input type="radio"/> Shared Path/Trail <input type="radio"/> Sidewalk <input type="radio"/> Unknown	
<b>Alcohol Test Results</b> <input type="text" value="0"/> <input type="text" value=""/> <input type="text" value=""/> <input type="radio"/> Test Refused <input type="radio"/> Unknown Results <input type="radio"/> Test Given, Contaminated Results		<b>Vehicle Code</b> List any Vehicle Code Section this driver has violated and mark if they were charged. <input type="text" value="STOPPING, STOPPING, PARKING"/> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text" value=""/> <input type="radio"/> Yes <input type="radio"/> No	
<b>Driver or Pedestrian Physical Condition</b> <input checked="" type="radio"/> Apparently Normal <input type="radio"/> Illegal Drug Use <input type="radio"/> Fatigue <input type="radio"/> Medication <input type="radio"/> Had Been Drinking <input type="radio"/> Sick <input type="radio"/> Asleep <input type="radio"/> Unknown		<b>Driver Presence</b> <input type="text" value="2"/> <input type="radio"/> 1=Driver Operated Vehicle <input type="radio"/> 3=Driver Fleed Scene <input type="radio"/> 2=No Driver <input type="radio"/> 4=Hit and Run <input type="radio"/> 9=Unknown	
<b>Owner/Driver Code</b> <input type="text" value="00"/>		<b>Owner/Driver Code</b> 00=Not Applicable 01=Private Vehicle Owned/Leased by Driver 02=Private Vehicle Not Owned/Leased by Driver 03=Rented Vehicle 04=State Police Vehicle 05=PennDOT Vehicle 06=Other State Gov Vehicle 07=Municipal Police Vehicle 08=Other Municipal Government Vehicle 09=Federal Gov Vehicle 98=Other 99=Unknown	

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM 000750

1400870

Crash Number

P0163738

AA 4531

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☐ Change/  
Continuation

P0163737

Unit Number Last Name 04 SINGH		FI MI Telephone Number M 661-7462900
Address 1639 HOOVER RD		City State Zip YUBA CITY CA
License Number D2839315		State CA
If License Number is unknown or driver is not licensed, print manual		
<b>Vehicle Driver/Pedestrian Information</b> <b>Alcohol/Drugs Suspected</b> <input checked="" type="radio"/> No <input type="radio"/> Illegal Drugs <input type="radio"/> Medication <input type="radio"/> Alcohol <input type="radio"/> Alcohol and Drugs <input type="radio"/> Unknown <b>Alcohol Test Type</b> <input checked="" type="radio"/> Test Not Given <input type="radio"/> Breath <input type="radio"/> Other <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Unknown if Test Given <b>Alcohol Test Results</b> 0 <input type="radio"/> Test Refused <input type="radio"/> Unknown Results <input type="radio"/> Test Given, Contaminated Results <b>Driver or Pedestrian Physical Condition</b> <input checked="" type="radio"/> Apparently Normal <input type="radio"/> Illegal Drug Use <input type="radio"/> Fatigue <input type="radio"/> Medication <input type="radio"/> Had Been Drinking <input type="radio"/> Sick <input type="radio"/> Asleep <input type="radio"/> Unknown <b>Pedestrian Only Information</b> <b>Pedestrian Signal at Scene of Crash</b> <input type="radio"/> No Pedestrian Signal <input type="radio"/> Not at Intersection <input type="radio"/> Pedestrian Signal <b>Pedestrian Location</b> <input type="radio"/> Marked Crosswalks at Intersection <input type="radio"/> In Roadway <input type="radio"/> < 10 Feet Off Road <input type="radio"/> At Intersection - No Crosswalks <input type="radio"/> Not in Roadway <input type="radio"/> > 10 Feet Off Road <input type="radio"/> Non-Intersection Crosswalks <input type="radio"/> Median <input type="radio"/> Outside Trafficway <input type="radio"/> Driveway Access <input type="radio"/> Island <input type="radio"/> Shared Path/Traffic <input type="radio"/> Sidewalk <input type="radio"/> Unknown <b>Vehicle Code</b> List any Vehicle Code Section this driver has violated and mark if they were charged. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Owner/Driver Code</b> 00=Not Applicable 03=Rented Vehicle 08=Other Municipal Government Vehicle 01=Private Vehicle Owned/Leased by Driver 04=State Police Vehicle 09=Federal Gov Vehicle 02=Private Vehicle Not Owned/Leased by Driver 05=PennDOT Vehicle 98=Other 06=Other State Gov Vehicle 99=Unknown <b>Driver Presence</b> 1=Driver Operated Vehicle 3=Driver Fled Scene 2=No Driver 4=Hit and Run 5=Unknown		
<b>Vehicle Driver/Pedestrian Information</b> Unit Number Last Name FI MI Telephone Number Address City State Zip License Number State If License Number is unknown or driver is not licensed, print manual <b>Alcohol/Drugs Suspected</b> <input type="radio"/> No <input type="radio"/> Illegal Drugs <input type="radio"/> Medication <input type="radio"/> Alcohol <input type="radio"/> Alcohol and Drugs <input type="radio"/> Unknown <b>Alcohol Test Type</b> <input type="radio"/> Test Not Given <input type="radio"/> Breath <input type="radio"/> Other <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Unknown if Test Given <b>Alcohol Test Results</b> 0 <input type="radio"/> Test Refused <input type="radio"/> Unknown Results <input type="radio"/> Test Given, Contaminated Results <b>Driver or Pedestrian Physical Condition</b> <input type="radio"/> Apparently Normal <input type="radio"/> Illegal Drug Use <input type="radio"/> Fatigue <input type="radio"/> Medication <input type="radio"/> Had Been Drinking <input type="radio"/> Sick <input type="radio"/> Asleep <input type="radio"/> Unknown <b>Pedestrian Only Information</b> <b>Pedestrian Signal at Scene of Crash</b> <input type="radio"/> No Pedestrian Signal <input type="radio"/> Not at Intersection <input type="radio"/> Pedestrian Signal <b>Pedestrian Location</b> <input type="radio"/> Marked Crosswalks at Intersection <input type="radio"/> In Roadway <input type="radio"/> < 10 Feet Off Road <input type="radio"/> At Intersection - No Crosswalks <input type="radio"/> Not in Roadway <input type="radio"/> > 10 Feet Off Road <input type="radio"/> Non-Intersection Crosswalks <input type="radio"/> Median <input type="radio"/> Outside Trafficway <input type="radio"/> Driveway Access <input type="radio"/> Island <input type="radio"/> Shared Path/Traffic <input type="radio"/> Sidewalk <input type="radio"/> Unknown <b>Vehicle Code</b> List any Vehicle Code Section this driver has violated and mark if they were charged. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Owner/Driver Code</b> 00=Not Applicable 03=Rented Vehicle 08=Other Municipal Government Vehicle 01=Private Vehicle Owned/Leased by Driver 04=State Police Vehicle 09=Federal Gov Vehicle 02=Private Vehicle Not Owned/Leased by Driver 05=PennDOT Vehicle 98=Other 06=Other State Gov Vehicle 99=Unknown <b>Driver Presence</b> 1=Driver Operated Vehicle 3=Driver Fled Scene 2=No Driver 4=Hit and Run 5=Unknown		



COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM

000752

1400870

New

Crash Number

P0163737

AA 45 5 1

Page:

008

☐ Change

Type Location	<b>Intersection Type</b> <input checked="" type="radio"/> Midblock <input type="radio"/> 4 Way Intersection <input type="radio"/> "T" Intersection <input type="radio"/> "Y" Intersection <input type="radio"/> Traffic Circle <input type="radio"/> Round About <input type="radio"/> Multi-Leg Intersection <input type="radio"/> On Ramp			<input type="radio"/> Off Ramp <input type="radio"/> Crossover <input type="radio"/> Railroad Crossing <input type="radio"/> Other			<b>Special Location</b> <input checked="" type="radio"/> Not Applicable <input type="radio"/> Underpass <input type="radio"/> Ramp <input type="radio"/> Bridge <input type="radio"/> Tunnel <input type="radio"/> Toll Booth <input type="radio"/> Cross Over Related <input type="radio"/> Driveway/Parking Lot <input type="radio"/> Ramp & Bridge <input type="radio"/> Unknown		
	(If "Ramp" is indicated, please see manual)								
Principal Road	Complete the Principal Road Section for all type of crashes. For crashes at intersections, enter information in the intersecting Road Section or the GPS Section. If you have a midblock crash, you should enter information in the "Distance from Landmark" Section, the GPS Section, or the House Number Section in the Principal Road area.								
	County	Route Number	Segment (Optional)	Travel Lanes	Speed Limit	Orientation	House Number (if applicable)		
	25	0090		02	55	West	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input checked="" type="checkbox"/> West <input type="checkbox"/> Unknown		
	Street Name: _____ Street Ending: _____								
	Route Signing: <input checked="" type="checkbox"/> Interstate (Not Turnpike) <input type="checkbox"/> Turnpike (East/West) <input type="checkbox"/> Turnpike Spur <input type="checkbox"/> State Highway <input type="checkbox"/> County Road <input type="checkbox"/> Local Road or Street <input type="checkbox"/> Private Road <input type="checkbox"/> Other/Unknown								
Intersecting Road	Use for Intersection Crashes								
	County	Route Number	Segment (Optional)	Travel Lanes	Speed Limit	Orientation	House Number (if applicable)		
						North	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown		
	Street Name: _____ Street Ending: _____								
	Route Signing: <input type="checkbox"/> Interstate (Not Turnpike) <input type="checkbox"/> Turnpike (East/West) <input type="checkbox"/> Turnpike Spur <input type="checkbox"/> State Highway <input type="checkbox"/> County Road <input type="checkbox"/> Local Road or Street <input type="checkbox"/> Private Road <input type="checkbox"/> Other/Unknown								
Distance from Landmark	Use for Midblock Crashes								
	Landmark 1 Intersecting Rt Num: _____ Or Mile Post: _____ Or Segment Marker: _____ Or Intersecting Street Name: _____ St Ending: _____			Landmark 2 Intersecting Rt Num: _____ Or Mile Post: _____ Or Segment Marker: _____ Or Intersecting Street Name: _____ St Ending: _____			Feet: _____ Or Miles: _____ Distance from Crash Scene to Landmark 1 (For Crash between Landmark 1 and Landmark 2)		
GPS	Latitude: Degrees: 42 Minutes: 05 Seconds: 67.2			Longitude: Degrees: 80 Minutes: 00 Seconds: 26.2					
TCD	<b>Traffic Control Device</b> <input checked="" type="radio"/> Not Applicable <input type="radio"/> Flashing Traffic Signal <input type="radio"/> Traffic Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign <input type="radio"/> Active RR Crossing Controls <input type="radio"/> Passive RR Crossing Controls <input type="radio"/> Police Officer or Flagman <input type="radio"/> Other Type TCD <input type="radio"/> Unknown								
	<b>TCD Functioning</b> <input checked="" type="radio"/> No Controls <input type="radio"/> Device Not Functioning <input type="radio"/> Device Functioning Improperly <input type="radio"/> Device Functioning Properly <input type="radio"/> Emergency Preemptive Signal <input type="radio"/> Unknown								
Work Zone	<b>Type of Work Zone (If "Not a Work Zone", skip rest of Work Zone section)</b> <input checked="" type="radio"/> Not a Work Zone <input type="radio"/> Construction <input type="radio"/> Maintenance <input type="radio"/> Utility Company <input type="radio"/> Other								
	<b>Work Zone Location</b> <input type="radio"/> Before 1st Work Zone Warning Sign <input type="radio"/> Advance Warning Area <input type="radio"/> Transition Area <input type="radio"/> Activity Area <input type="radio"/> Termination Area <input type="radio"/> Other								
	<b>Work Zone (Mark all that apply)</b> <input type="checkbox"/> Lane Closure <input type="checkbox"/> Road Closed with Detour <input type="checkbox"/> Work on Shoulder or Median <input type="checkbox"/> Intermittent or Moving Work <input type="checkbox"/> Flagger Control <input type="checkbox"/> Other								
	<b>Work Zone Speed Limit</b> _____ <b>Workers Present</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown								
Lane Closure	<b>Lane Closed (If "Not Applicable", skip rest of the Lane Closure section)</b> <input type="radio"/> Not Applicable <input type="radio"/> Partially <input checked="" type="radio"/> Fully <input type="radio"/> Unknown								
	<b>Lane Closure Direction</b> <input type="radio"/> North <input type="radio"/> East <input type="radio"/> North and South <input type="radio"/> South <input checked="" type="radio"/> West <input type="radio"/> East and West								
	<b>Traffic Detoured</b> <input checked="" type="radio"/> Yes <input type="radio"/> No								
	<b>Estimated Time Closed</b> <input checked="" type="radio"/> 1-3 hours <input type="radio"/> 3-6 hours <input type="radio"/> 6-9 hours <input type="radio"/> 9-12 hours <input type="radio"/> > 12 hours <input type="radio"/> Unknown								

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM 000753

1400870

Crash Number

New

P0163737

AA 45 6 1

Page: 009

Change/  
Continuation

General Crash Information	Crash Location	1	0=Non-Collision 1=Rear End	2=Head On 3=Rear to Rear (Backing)	4=Angle 5=Side-swipe (Same Direction)	6=Side-swipe (Opposite Direction)	8=Hit Pedestrian	
	Accident Sequence	1	1=On Travel Lanes 2=Shoulder	3=Median 4=Roadside	5=Outside Trafficway 6=In Parking Lane	7=Gore (Ramp Intersection)	9=Unknown	
	Time of Day	2	1=Daylight 2=Dark - No Street Lights	3=Dark - Street Lights 4=Dusk	5=Dark - Unknown Roadway Lighting	6=Other		
	Weather Conditions	2	1=No Adverse Conditions 2=Rain	3=Snow (Melt) 4=Snow	5=Fog 6=Rain & Fog	7=Snow & Fog	9=Unknown	
	Road Surface Conditions	1	0=Dry 1=Wet	2=Sand, Mud, Dirt, Oil 3=Snow Covered	4=Slush 5=Ice	6=Ice Patches 7=Water - Standing or Moving	8=Other	
Unit(s) Event Information	Harm Event	Unit No	Most?	Utility Pole Number	Harmful Events (Other than Road)	30=Hit Fence Or Wall 31=Hit Building 32=Hit Culvert 33=Hit Bridge Pier Or Abutment 34=Hit Pierpost End 35=Hit Bridge Rail 36=Hit Boulder Or Obstacle On Roadway 37=Hit Impact Attenuator 38=Hit Fire Hydrant 39=Hit Roadway Equipment 40=Hit Mail Box 41=Hit Traffic Island 42=Hit Snow Bank 43=Hit Temporary Construction Barrier 44=Hit Other Fixed Object 45=Hit Unknown Fixed Object 46=Overturned/Flipped Over 51=Struck By Thrown Or Falling Object 52=Hit Nuts Or Other Pavement Irregularities 53=Jacks 54=Fire In Vehicle 55=Other Non-Collision 56=Unknown Harmful Event		
	Unit No	1	02				1=Struck By Unit 1 12=Struck By Unit 2 13=Struck By Unit 3 14=Struck By Unit 4 15=Struck By Unit 5 16=Struck By Other Traffic Unit 21=Hit Tree Or Shrubbery 22=Hit Embankment 23=Hit Utility Pole 24=Hit Traffic Sign 25=Hit Guard Rail 26=Hit Guard Rail End 27=Hit Curb 28=Hit Concrete Or Longitudinal Barrier 29=Hit Ditch	
	Unit No	2	04					
	Unit No	3	01					
Contributing Information	First Harmful Event in the Crash	Unit No	Harm Event	Most Harmful Event in the Crash	Unit No	Harm Event	Driver Action (D)	
	Unit No	04	02		04	03		16=Owning The Wrong Way On 1-Way Street 17=Careless Or Illegal Backing On Roadway 18=Driving On The Wrong Side Of Road 19=Making Improper Entrance To Highway 20=Making Improper Exit From Highway 21=Careless Parking/Unparking 22=Overtaking/Underpassing At Curve 23=Speeding 24=Driving Too Fast For Conditions 25=Failure To Maintain Proper Speed 26=Driver Flouting Police (Pulley Choke) 27=Driver Inexperienced 28=Failure To Use Specialized Equip 29=Other Improper Driving Actions
	Unit No	02	00		02	00		00=Contributing Action 01=Driver Was Distracted 02=Driving Using Hand Held Phone 03=Driving Using Hands Free Phone 04=Making Illegal U-Turn 05=Improper/Carious Turning 06=Turning From Wrong Lane 07=Proceeding W/O Clearance After Stop 08=Running Stop Sign 09=Running Red Light 10=Failure To Respond To Other Traffic Control Device 11=Tailgating 12=Sudden Slowing/Stopping 13=Illegally Stopped On Road 14=Careless Passing Or Lane Change 15=Passing In No P. ssing Zone
	Unit No	04	00		04	00		11=Slippery Road Conditions (Ice/Snow) 12=Substance On Roadway 13=Potholes 14=Broken Or Cracked Pavement 15=TCD Obstructed 16=Soft Shoulder Or Shoulder Drop Off 18=Other Roadway Factor 99=Unknown
Contributing Information	Environmental / Roadway Potential Factors (EIR)	Unit No	Harm Event	Most Harmful Event in the Crash	Unit No	Harm Event	Pedestrian Action (P)	
	Unit No	02	00		02	00		00=Working 01=Pushing Vehicle 02=Approaching Or Leaving Vehicle 03=Playing Or Working On Vehicle 07=Standing 98=Other
	Unit No	04	00		04	00		
	Unit No	04	00		04	00		
Contributing Information	Possible Vehicle Factors (V)	Unit No	Harm Event	Most Harmful Event in the Crash	Unit No	Harm Event	Indicated Prime Factor	
	Unit No	02	00		02	00		00=None 01=Windy Conditions 02=Sudden Weather Conditions 03=Other Weather Conditions 04=Deer - n Roadway 05=Obstacle On Roadway 06=Other Animal In Roadway 07=Glare 08=Work Zone Related
	Unit No	04	00		04	00		00=None 01=Tires 02=Brake System 03=Steering System 04=Suspension 05=Power Train 06=Exhaust 07=Headlights 08=Signal Lights 09=Other Lights 10=Horn 11=Mirrors 12=Wipers 13=Driver Seating/Control 14=Body, Doors, Hood, Etc 15=Trailer Hitch 16=Wheels 17=Airbags 18=Trailer Overloaded 19=Unsecured/Shifted Trailer Load 20=Improper Towing 21=Obstructed Windshield 99=Unknown
	Unit No	04	00		04	00		
Contributing Information	Indicated Prime Factor	Unit No	Factor Code	If EIR is the Prime Factor Type, leave Unit No Blank	Unit No	Factor Code	Unit No	
	Unit No	01	13			03		07
	Unit No	01	13			03		07
	Unit No	01	13			03		07

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM 000754

1400870

Crash Number

New

P0163738

AA 45 6 1

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010

Change/  
Continuation

P0163737

General Crash Information	Crash Occurrence	0=Non-Collision 1=Rear End	2=Head On 3=Rear to Rear (Backing)	4=Angle 5=Side-swipe (Same Direction)	6=Side-swipe (Opposite Direction)	8=Hit Pedestrian 9=Other/Unknown
	Location of Crash	1=On Travel Lanes 2=Shoulder	3=Median 4=Roadside	5=Outside Trafficway 6=In Parking Lane	7=Core (Ramp Intersection)	9=Unknown
	Time of Day	1=Daylight 2=Dark - No Street Lights	3=Dark - Street Lights 4=Dark	5=Dark - Unknown Roadway Lighting	6=Other	
	Weather Conditions	1=No Adverse Conditions 2=Rain	3=Snow (Wet) 4=Snow	5=Fog 6=Rain & Fog	7=Snow & Fog 8=Other	9=Unknown
	Road Surface Conditions	0=Dry 1=Wet	2=Sand, Mud, Dirt, Oil 3=Snow Covered	4=Slush 5=Ice	6=Ice Patches 7=Water - Standing or Moving	8=Other

Unit(s) Event Information	Harm Event	LIR	Miss?	Utility Pole Number
	Unit No 1 12			
	Unit No 2 14			
	Unit No 3			
Unit(s) Event Information	Harm Event	LIR	Miss?	Utility Pole Number
	Unit No 1 14			
	Unit No 2 03			
	Unit No 3			

Explain Harmful Event at the Crash	Unit No	Harm Event	Explain Harmful Event at the Crash	Unit No	Harm Event

Do not repeat this information on multiple pages

Contributing Information	Environmental / Roadway Potential Factors (EIR)	1 03	2	3
	00=None 01=Windy Conditions 02=Sudden Weather Conditions 03=Other Weather Conditions 04=Deer in Roadway 05=Obstacle On Roadway 06=Other Animal in Roadway 07=Glare 08=Work Zone Related	11=Slippery Road Conditions (Ice/Snow) 12=Substance On Roadway 13=Potholes 14=Broken Or Cracked Pavement 15=TCO Obstructed 16=Soft Shoulder Or Shoulder Drop Off 28=Other Roadway Factor 99=Unknown		
	Possible Vehicle Failures (V)	00=None 01=Tires 02=Brake System 03=Steering System 04=Suspension 05=Power Train	06=Exhaust 07=Headlights 08=Signal Lights 09=Other Lights 10=Horn 11=Mirrors	12=Wipers 13=Driver Seating/Control 14=Body, Doors, Hood, Etc 15=Trailer Hitch 16=Wheels 17=Airbags 18=Trailer Overloaded 19=Unsecured/Shifted Trailer Load 20=Improper Towing 21=Obstructed Windshield 99=Unknown
	Indicated Prime Factor	Unit No	Factor Code	
<p>Do not repeat this information on multiple pages</p> <p>ER V D P</p> <p>If ER is the Prime Factor Type, leave Unit No blank</p>				

Driver Action (D)	00=None 01=Driver Was Distracted 02=Driving Using Hand Held Phone 03=Driving Using Hands Free Phone 04=Making Illegal U-Turn 05=Improper Lane Change 06=Turning From Wrong Lane 07=Proceeding W/O Clearance After Stop 08=Running Stop Sign 09=Running Red Light 10=Failure To Respond To Other Traffic Control Device 11=Tailgating 12=Sudden Slowing/Stopping 13=Illegally Stopped On Road 14=Careless Passing Or Lane Change 15=Passing In No Passing Zone	16=Obedience The Wrong Way On 1-Way Street 17=Caravan Or Illegal Backing On Roadway 18=Driving On The Wrong Side of Road 19=Making Improper Entrance to Highway 20=Making Improper Exit From Highway 21=Caravan Parking/Unparking 22=Over/Under Compensation At Curve 23=Speeding 24=Driving Too Fast For Conditions 25=Failure To Maintain Proper Speed 26=Driver Flouting Police (Police Chase) 27=Driver Inexperienced 28=Other To Use Specialized Equip 99=Other Improper Driving Action	
Unit No 01	Unit No 21	Unit No	Unit No
Unit No	Unit No	Unit No	Unit No

Pedestrian Action (P)	00=None 01=Entering Or Crossing At Specified Location 02=Walking, Running, Jogging, Playing, Or Cycling	03=Working 04=Pushing Vehicle 05=Approaching Or Leaving Vehicle 06=Playing Or Working On Vehicle 07=Standing 99=Other
Unit No 03	Unit No 07	Unit No

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM 000755

1400870

Crash Number

AA 45 F 1

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Change/  
Continuation

P0163737

## Road Surface Type

☒ Concrete  
☐ Blacktop☐ Brick or Block  
☐ Slag, Gravel or Stone☐ Dirt  
☐ Other  
☐ Unknown

## Special Jurisdiction

☒ No Special Jurisdiction  
☐ National Park☐ Military☐ Indian Reservation☐ College/University Campus☐ Other Federal Sites☐ Other☐ Unknown

Please complete Unit Information for each unit involved in a fatal crash. Do not repeat the information in the fields above on multiple pages.

## Unit Number

01

## Driver Restrictions Compliance

☒ No Restrictions/Not Applicable☐ Restrictions Complied With  
☐ Restrictions Not Complied With  
☐ Compliance Unknown☐ Not a Pennsylvania Driver  
☐ Unknown Compliance

## Driver Endorsement Compliance

☒ None Required☐ Required - Complied With  
☐ Required - Non Compliance  
☐ Required - Compliance Unknown☐ Not a Pennsylvania Driver  
☐ Unknown Compliance

## Driver License Compliance

☐ Not Licensed☐ Not required for Vehicle Class  
☐ No Valid License for Class  
☐ Valid License for Class☐ Unit if CDL or CDL Required  
☐ Not a Pennsylvania Driver  
☐ Unknown

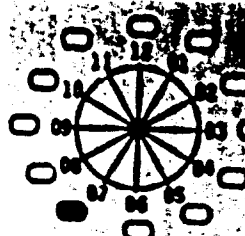
## Drug Test Type

☐ None☐ Blood  
☐ Urine☐ Other  
☐ Unknown if Test Given

## Drug Test Results - (Up to Four Results)

0 = No Test Given  
1 = No Drug Reported  
2 = Marijuana  
3 = Cocaine  
4 = Opiates  
5 = Amphetamines  
6 = PCP  
7 = Other  
8 = Other  
9 = Unknown Test Results☐  
☐

## Principal Impact Point

☐ Non-Collision☐ Top☐ Undercarriage☐ Towed Unit☐ Unknown

## Avoidance Maneuver

☒ No Avoidance Maneuver☐ Braking - Skid Marks Evident☐ Braking - No Skid Marks, Driver Stated☐ Braking - Other Evidence☐ Steering - Evidence or Driver Stated☐ Steering and Braking Evidence or Stated☐ Other Avoidance Maneuver☐ Inconclusive☐ Unknown

## Under Ride Indicator

☒ No Underride or Override☐ Underride, Compartment Intrusion☐ Underride, No Compartment Intrusion☐ Underride, Compartment Intrusion Unknown☐ Override, Other Vehicle☐ Unknown if Underride or Override

## Emergency Use

☒ Not in Emergency Use☐ Lights Flashing☐ Siren Sounding☐ Both Lights and Siren☐ Unknown

## Unit Number

02

## Driver Restrictions Compliance

☒ No Restrictions/Not Applicable☐ Restrictions Complied With  
☐ Restrictions Not Complied With  
☐ Compliance Unknown☐ Not a Pennsylvania Driver  
☐ Unknown Compliance

## Driver Endorsement Compliance

☒ None Required☐ Required - Complied With  
☐ Required - Non Compliance  
☐ Required - Compliance Unknown☐ Not a Pennsylvania Driver  
☐ Unknown Compliance

## Driver License Compliance

☐ Not Licensed☐ Not required for Vehicle Class  
☐ No Valid License for Class  
☒ Valid License for Class☐ Unit if CDL or CDL Required  
☐ Not a Pennsylvania Driver  
☐ Unknown

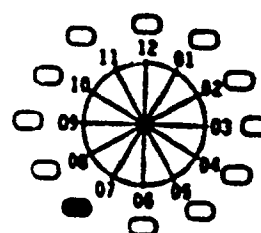
## Drug Test Type

☒ None☐ Blood  
☐ Urine☐ Other  
☐ Unknown if Test Given

## Drug Test Results - (Up to Four Results)

0 = No Test Given  
1 = No Drug Reported  
2 = Marijuana  
3 = Cocaine  
4 = Opiates  
5 = Amphetamines  
6 = PCP  
7 = Other  
8 = Other  
9 = Unknown Test Results☐  
☐

## Principal Impact Point

☐ Non-Collision☐ Top☐ Undercarriage☐ Towed Unit☐ Unknown

## Avoidance Maneuver

☒ No Avoidance Maneuver☐ Braking - Skid Marks Evident☐ Braking - No Skid Marks, Driver Stated☐ Braking - Other Evidence☐ Steering - Evidence or Driver Stated☐ Steering and Braking Evidence or Stated☐ Other Avoidance Maneuver☐ Inconclusive☐ Unknown

## Under Ride Indicator

☒ No Underride or Override☐ Underride, Compartment Intrusion☐ Underride, No Compartment Intrusion☐ Underride, Compartment Intrusion Unknown☐ Override, Other Vehicle☐ Unknown if Underride or Override

## Emergency Use

☒ Not in Emergency Use☐ Lights Flashing☐ Siren Sounding☐ Both Lights and Siren☐ Unknown

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM 000756

1400870

Crash Number

New

AA 45 F 1

Page

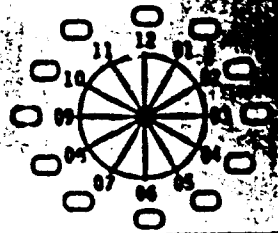
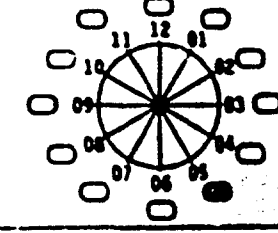
012

Change/  
Continuation

P0163737

<b>Report Surface Type</b> <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Brick or Block <input type="checkbox"/> Flag, Gravel or Stone <input type="checkbox"/> Blacktop <input type="checkbox"/> Dirt <input type="checkbox"/> Other <input type="checkbox"/> Unknown		<b>Special Jurisdiction</b> <input checked="" type="checkbox"/> No Special Jurisdiction <input type="checkbox"/> Military <input type="checkbox"/> Indian Reservation <input type="checkbox"/> College/University Campus <input type="checkbox"/> National Park <input type="checkbox"/> Other Federal Sites <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
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Please complete Unit Information for each unit involved in a fatal crash. Do not repeat the information in the fields above on multiple pages.

Unit Information	Unit Number <b>03</b>	<b>Driver Restrictions Compliance</b> <input checked="" type="checkbox"/> No Restrictions/Not Applicable <input type="checkbox"/> Restrictions Complied With <input type="checkbox"/> Restrictions Not Complied With <input type="checkbox"/> Compliance Unknown <input type="checkbox"/> Not a Pennsylvania Driver <input type="checkbox"/> Unknown Compliance		<b>Principle Impact Point</b> <input type="checkbox"/> Non-Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Towed Unit <input checked="" type="checkbox"/> Unknown 	
	<b>Driver Endorsement Compliance</b> <input checked="" type="checkbox"/> None Required <input type="checkbox"/> Required - Complied With <input type="checkbox"/> Required - Non Compliance <input type="checkbox"/> Required - Compliance Unknown <input type="checkbox"/> Not a Pennsylvania Driver <input type="checkbox"/> Unknown Compliance	<b>Avoidance Maneuver</b> <input checked="" type="checkbox"/> No Avoidance Maneuver <input type="checkbox"/> Braking - Other Evidence <input type="checkbox"/> Braking - Skid Marks Evident <input type="checkbox"/> Steering - Evidence or Driver Stated <input type="checkbox"/> Braking - No Skid Marks, Driver Stated <input type="checkbox"/> Steering and Braking Evidence or Stated <input type="checkbox"/> Other Avoidance Maneuver <input type="checkbox"/> Inconclusive <input type="checkbox"/> Unknown			
	<b>Driver License Compliance</b> <input type="checkbox"/> Not Licensed <input type="checkbox"/> Not Required for Vehicle Class <input type="checkbox"/> No Valid License for Class <input type="checkbox"/> Valid License for Class <input type="checkbox"/> Unit if CDL or CDL Required <input checked="" type="checkbox"/> Not a Pennsylvania Driver <input type="checkbox"/> Unknown	<b>Under Ride Indicator</b> <input checked="" type="checkbox"/> No Underride or Override <input type="checkbox"/> Underride, Compartment Intrusion <input type="checkbox"/> Underride, No Compartment Intrusion <input type="checkbox"/> Underride, Compartment Intrusion Unknown <input type="checkbox"/> Override, Other Vehicle <input type="checkbox"/> Unknown if Underride or Override			
	<b>Drug Test Type</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Unknown if Test Given	<b>Emergency Use</b> <input checked="" type="checkbox"/> Not in Emergency Use <input type="checkbox"/> Lights Flashing <input type="checkbox"/> Siren Sounding <input type="checkbox"/> Both Lights and Siren <input type="checkbox"/> Unknown			
	<b>Drug Test Results - (Up to Four Results)</b> 0 = No Test Given 1 = No Drug Reported 2 = Marijuana 3 = Cocaine 4 = Opiates 5 = Amphetamines 6 = PCP 8 = Other 9 = Unknown Test Results				
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Unit Information	Unit Number <b>04</b>	<b>Driver Restrictions Compliance</b> <input checked="" type="checkbox"/> No Restrictions/Not Applicable <input type="checkbox"/> Restrictions Complied With <input type="checkbox"/> Restrictions Not Complied With <input type="checkbox"/> Compliance Unknown <input type="checkbox"/> Not a Pennsylvania Driver <input type="checkbox"/> Unknown Compliance		<b>Principle Impact Point</b> <input type="checkbox"/> Non-Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Towed Unit <input type="checkbox"/> Unknown 	
	<b>Driver Endorsement Compliance</b> <input type="checkbox"/> None Required <input checked="" type="checkbox"/> Required - Complied With <input type="checkbox"/> Required - Non Compliance <input type="checkbox"/> Required - Compliance Unknown <input type="checkbox"/> Not a Pennsylvania Driver <input type="checkbox"/> Unknown Compliance	<b>Avoidance Maneuver</b> <input type="checkbox"/> No Avoidance Maneuver <input type="checkbox"/> Braking - Other Evidence <input type="checkbox"/> Braking - Skid Marks Evident <input type="checkbox"/> Steering - Evidence or Driver Stated <input type="checkbox"/> Braking - No Skid Marks, Driver Stated <input type="checkbox"/> Steering and Braking Evidence or Stated <input type="checkbox"/> Other Avoidance Maneuver <input type="checkbox"/> Inconclusive <input type="checkbox"/> Unknown			
	<b>Driver License Compliance</b> <input type="checkbox"/> Not Licensed <input type="checkbox"/> Not Required for Vehicle Class <input type="checkbox"/> No Valid License for Class <input type="checkbox"/> Valid License for Class <input type="checkbox"/> Unit if CDL or CDL Required <input checked="" type="checkbox"/> Not a Pennsylvania Driver <input type="checkbox"/> Unknown	<b>Under Ride Indicator</b> <input checked="" type="checkbox"/> No Underride or Override <input type="checkbox"/> Underride, Compartment Intrusion <input type="checkbox"/> Underride, No Compartment Intrusion <input type="checkbox"/> Underride, Compartment Intrusion Unknown <input type="checkbox"/> Override, Other Vehicle <input type="checkbox"/> Unknown if Underride or Override			
	<b>Drug Test Type</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Unknown if Test Given	<b>Emergency Use</b> <input checked="" type="checkbox"/> Not in Emergency Use <input type="checkbox"/> Lights Flashing <input type="checkbox"/> Siren Sounding <input type="checkbox"/> Both Lights and Siren <input type="checkbox"/> Unknown			
	<b>Drug Test Results - (Up to Four Results)</b> 0 = No Test Given 1 = No Drug Reported 2 = Marijuana 3 = Cocaine 4 = Opiates 5 = Amphetamines 6 = PCP 8 = Other 9 = Unknown Test Results				
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

COMMONWEALTH OF PENNSYLVANIA  
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P0163737

Unit Number

04

Carrier Phone

(661) 835-9146

Carrier Name

ISD TRANSPORTATION

Address

3033 N WALNUT AVE

GVWR

080000

STE W219

Overload

☐ Yes ☒ No

City

OKLAHOMA CITY

State

OK

Zip

73105

USDOT#

784540

ICC #

350472

FUC #

Cargo Body Type

- ☐ Not Applicable  
☒ Van/Enclosed Box  
☐ Cargo Tank

☐ Flat Bed☐ Dump☐ Concrete Mixer☐ Auto Transport☐ Garbage/Refuse☐ Bus☐ Other/Unknown

Hazardous Material

☐ Yes ☒ NoEnter 4-digit hazardous material code and  
corresponding 1-digit release indicator


Release Indicator 1 = No Release 2 = Release Occurred 9 = Unknown

Vehicle Configuration

- ☐ Not Applicable  
☐ Passenger Car - Only Record if  
Hazard Placard Displayed  
☐ Light Truck (Van, Mini-Van, Panel,  
Pickup or SUV with Hazard Placard)  
☐ Single Unit Truck (2 Axles, 6  
Tires)  
☐ Single Unit Truck (3 or More Axles)  
☐ Single Unit Truck (Unknown  
Number of Axles)  
☒ Truck/Trailer(s)

- ☐ Truck Tractor (Bobtail)  
☐ Tractor/Semi-Trailer(s)  
☐ Medium/Heavy Truck - Cannot  
Classify  
☐ Small Bus (Seats 9-15 People,  
Including Driver)  
☐ Bus (Seats More Than 15  
People, Including the Driver)  
☐ Other  
☐ Unknown

Unit Number

Carrier Phone

( ) -

Carrier Name

Address

GVWR

Overload

☐ Yes ☐ No

City

State

Zip

USDOT#

ICC #

FUC #

Cargo Body Type

- ☐ Not Applicable  
☐ Van/Enclosed Box  
☐ Cargo Tank

☐ Flat Bed☐ Dump☐ Concrete Mixer☐ Auto Transport☐ Garbage/Refuse☐ Bus☐ Other/Unknown

Hazardous Material

☐ Yes ☐ NoEnter 4-digit hazardous material code and  
corresponding 1-digit release indicator


Release Indicator 1 = No Release 2 = Release Occurred 9 = Unknown

Vehicle Configuration

- ☐ Not Applicable  
☐ Passenger Car - Only Record if  
Hazard Placard Displayed  
☐ Light Truck (Van, Mini-Van, Panel,  
Pickup or SUV with Hazard Placard)  
☐ Single Unit Truck (2 Axles, 6  
Tires)  
☐ Single Unit Truck (3 or More Axles)  
☐ Single Unit Truck (Unknown  
Number of Axles)  
☐ Truck/Trailer(s)

- ☐ Truck Tractor (Bobtail)  
☐ Tractor/Semi-Trailer(s)  
☐ Medium/Heavy Truck - Cannot  
Classify  
☐ Small Bus (Seats 9-15 People,  
Including Driver)  
☐ Bus (Seats More Than 15  
People, Including the Driver)  
☐ Other  
☐ Unknown

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19000570

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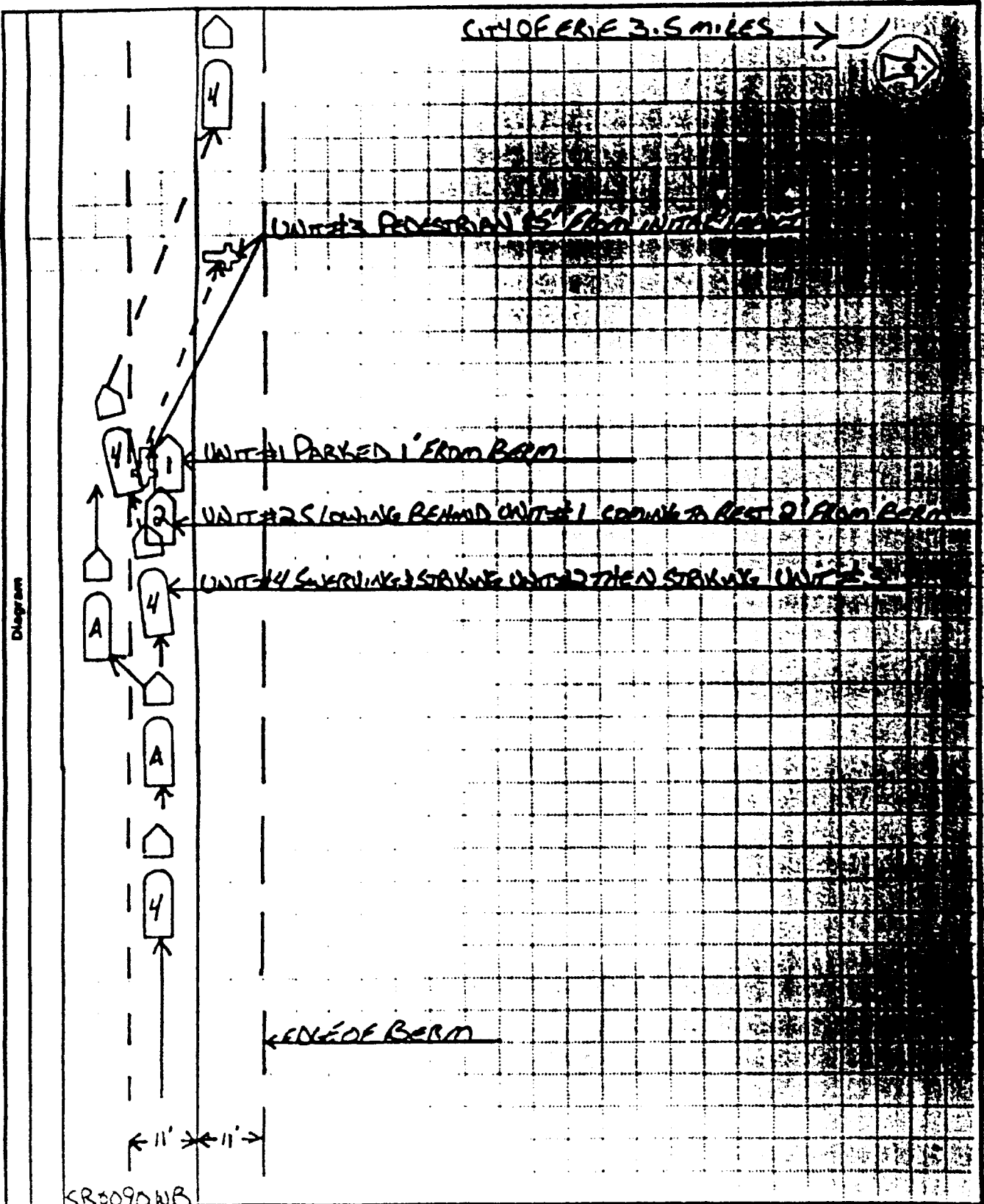
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000759

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POLICE CRASH REPORTING FORM

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Place emergency transport, witness, and other information here. It is not required to restate information from the form.

Responding EMS Agency

KUTL HOSE COMPANY

Medical Facility:

HARROT MEDICAL CENTER

Witness 1

Address:

Phone:

Witness 2

Address:

Phone:

Narrative

UNIT #1 NO CELL PHONE PRESENT

UNIT #2 CELL PHONE PRESENT, NOT IN USE

UNIT #3 CELL PHONE PRESENT, UNKNOWN USAGE

UNIT #4 CELL PHONE PRESENT, NOT IN USE

UNIT #1 WAS ILLEGALLY PARKED IN NORTH WEST BOUND LANE OF SROOD. UNIT #2 WAS TRAVELING WEST BOUND IN THE NORTH LANE OF SROOD APPROACHING PARKED UNIT #1. UNIT #3, A PEDESTRIAN WAS OUTSIDE OF HIS UNIT #1 IN THE ROADWAY NEXT TO OPEN DOOR OF UNIT #1. UNIT #4 WAS WEST BOUND IN THE NORTH LANE OF SROOD BEHIND UNIT #1 WHICH WAS ALSO WEST BOUND IN THE NORTH LANE APPROACHING LOCATION OF UNIT #1. UNIT #4 STRUCK UNIT #2 WITH CAB AND STRUCK UNIT #3 AND TIL WITH TRAILER AND DROVE TO BERM ON NORTH SIDE OF SROOD WB. UPON BEING STRUCK BY UNIT #4 UNIT #2 STRUCK UNIT #1 AND CAME TO REST IN NORTH LANE OF SROOD WB. UPON BEING STRUCK BY UNIT #4, UNIT #3, A PEDESTRIAN WAS THROWN APPROXIMATELY 85' TO THE NORTH BERM OF SROOD WB. UNIT #1 REMAINED IN PLACE, OPEN DRIVERS SIDE DOOR BEING TORN FROM UNIT #1.

OPERATOR #2 WAS INTERVIEWED AT THE SCENE 10/8/01 AT 2355. REPORTS SHE WAS TRAVELING WEST BOUND IN THE NORTH LANE. SHE OBSERVED UNIT #1 STOPPED IN THE LANE AND AN INDIVIDUAL OUTSIDE THE VEHICLE WALKING AROUND WITH DOOR OF UNIT #1 OPEN ON DRIVERS SIDE. SHE BEGAN TO SLOW HER VEHICLE UPON APPROACHING TO UNIT #1 AND PEDESTRIAN AT WHICH TIME SHE WAS STRUCK FROM BEHIND BY ANOTHER UNIT.

OPERATOR #4 WAS INTERVIEWED AT THE SCENE 10/8/01 AT 0035. RELATED HE WAS TRAVELING WEST BOUND ON SROOD BEHIND ANOTHER TRACTOR TRAILER. THE TRACTOR TRAILER IN FRONT OF HIS UNIT QUICKLY SWERVED INTO THE SOUTH WEST BOUND <sup>LANE</sup> AT WHICH TIME HE OBSERVED UNIT #2 SLOWING, UNIT #1 STOPPED AND A PEDESTRIAN STANDING NEXT TO THE DRIVERS SIDE OF UNIT #1 IN THE ROADWAY. HE ATTEMPTED TO SWERVE INTO THE SOUTH LANE BUT HIS CAB STRUCK UNIT #2. HE WAS UNAWARE HIS TRAILER STRUCK THE PEDESTRIAN OR UNIT #1.

Witness Information and Narrative

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Place emergency transport, witness, and other information here. It is not required to restate information from the form.

Responding EMS Agency

Medical Facility:

Witness 1

Address:

Phone:

Witness 2:

Address:

Phone:

Narrative:

DAMAGE NOTED/EVIDENCE  
 UNIT #2 HAD EXTENSIVE DAMAGE TO LEFT REAR PORTION OF UNIT  
 AND SLIGHT DAMAGE TO FRONT.

UNIT #1 HAD SLIGHT DAMAGE TO REAR AND EXTENSIVE DAMAGE  
 TO DRIVERS SIDE INCLUDING DOOR REMOVED DUE TO IMPACT WHILE OPEN.

UNIT #4 HAD MODERATE DAMAGE TO RIGHT FRONT OF CAR BUMPER  
 AREA AND DAMAGE TO DUAL WHEEL TRAILER AREA. SHOE FROM UNIT #3  
 PEDESTRIAN WAS STUCK BETWEEN THE TRAILER TIRES.

10/6/01 @ 0340 UNIT #1 AND CONTENTS WERE INVENTORIED  
 AND ENTERED INTO PROPERTY NUMBER EL15265.

10/6/01 @ 0500 KORA TIMON FROM THE ERIE COUNTY  
 CORONERS OFFICE INFORMED RE UNIT #3, THE PEDESTRIAN PADMARAJU  
 WAS PRONOUNCED DEAD AT HANOT HOSPITAL DUE TO EXTENSIVE  
 INTERNAL INJURIES. COPY OF THIS REPORT TO BE FAXED TO  
 CORONERS OFFICE.

10/6/01 @ 0556 WORCESTER MA P.D. OFFICER DIAZ NOTIFIED  
 ROOMMATE OF PADMARAJU OF THE ACCIDENT AND TO CONTACT HANOT HOSPITAL.

10/6/01 @ 2300 I SPOKE TO RAVI VEGESNA 7072 LEECREST  
 WEST BLOOMFIELD 248-538-7117 H 248-894-1653 BROTHER IN LAW  
 OF PADMARAJU. INFORMED VEGESNA OF CIRCUMSTANCES OF ACCIDENT AND  
 THAT UNIT #1 AND CONTENTS NEEDS TO BE CLAIMED. VEGESNA WILL  
 CONTACT IMMEDIATE FAMILY IN INDIA AND SCHEDULE CLAIMING OF PROPERTY.

ON 10/31/01 @ 1704 PRIOR TO SUBMISSION OF THIS REPORT  
 FAX RECEIVED FROM ERIE COUNTY CORONERS OFFICE INDICATE PADMARAJU  
 DIED FROM BLUNT FORCE TRAUMA TO HEAD AND TRUNK.

Witness Information and Narrative

PENNSYLVANIA STATE POLICE  
PROPERTY RECORD

SP 7-037 (3-2001)

4. STATUS  
☒ EVIDENCE ☐ FOUND ☐ RECOVERED ☐ RECEIPT ☐ OTHER

7. SUBMITTING OFFICER  
 TREC DAVID RECK BADGE NO. 7391

10. INVESTIGATING OFFICER  
 TREC DAVID RECK BADGE NO. 7391

12. FOUND OR RECOVERED FROM  
 ADDRESS: 1115 S 11th St, Philadelphia, PA 19104  
 TELEPHONE NO.: 215-581-5301

13. COOKS  
 1. PROPERTY ROOM  
 2. SAFETY DEPOSIT BOX  
 3. EXPLOSIVE MAGAZINE

14. STORAGE AREA  
 4. NON-DEPARTMENT  
 5. IMPOUND LOT

15. DISPOSITION  
 1. DESTROYED  
 2. EXCHANGEABLE  
 3. EXPENDED IN LABORATORY  
 4. RELEASED TO OWNER/PROPER  
 5. DONATED  
 6. FORFEITURE  
 7. OTHER

ITEMS - (ONE ITEM PER LINE)			14. TYPE PROPERTY	17. CODE	18. QUANTITY
1	1987 JONAS 1523K4353V6301-583		03		1
2					
3					
4					
5					
6					
7					
8					
9					
0					

21. PROPERTY IN OUT

22. DATE & TIME  
 10/14/01

23. ITEM(S) NO.  
 1

24. OFFICER'S SIGNATURE - BADGE NO.  
 Sgt. J. D. Reck 4382

25. CUSTODIAL OFFICER'S INIT. BADGE NO.

27. REMOVAL CODE & LO.

28. I HEREBY CERTIFY THAT I AM THE OWNER OF PROPERTY OR AUTHORIZED AGENT TO RECEIVE ITEMS NO.

29. CLAIMANT'S NAME  
 CLAIMANT'S SIGNATURE

30. OFFICER'S NAME  
 OFFICER'S SIGNATURE

000761

1400870

**000762**

[illegible]

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02:02 10. 00 100

PENNSYLVANIA STATE POLICE  
WAIVER OF RIGHTS AND CONSENT TO SEARCH

1400870

E. ERICE-975563

(1) PLACES, ITEMS OR VEHICLES TO BE SEARCHED:

2000 PETERBILTVIN 1XP5D39X9YD469113

ADDRESS OR LOCATION:

(2) ITEMS TO BE SEARCHED FOR AND SEIZED, IF FOUND:

LOG BOOKS & ANY OTHERDocumentation(3) I, SAMINDER PAUL SINGHHAVE BEEN REQUESTED BY THE DUTY OFFICER

OF THE PENNSYLVANIA STATE POLICE TO GIVE MY CONSENT FOR POLICE OFFICERS TO SEARCH PLACES, ITEMS OR VEHICLES DESCRIBED ABOVE FOR THE ITEMS DESCRIBED ABOVE. I HAVE BEEN TOLD THAT I DO NOT HAVE TO GIVE MY CONSENT. I UNDERSTAND THAT I HAVE THE RIGHT TO REFUSE THIS REQUEST AND THAT THE POLICE MAY NOT BE ABLE TO CONDUCT THIS SEARCH WITHOUT A SEARCH WARRANT UNLESS I GIVE MY CONSENT. NONETHELESS, I VOLUNTARILY GIVE MY CONSENT TO THE POLICE TO CONDUCT THIS SEARCH.

(4) ☒ I am the owner of the place(s), item(s) or vehicle(s) to be searched.☐ I rent or lease the place(s), item(s) or vehicle(s) to be searched from another person.☐ With the permission of the owner, I have equal access and control over the place(s), item(s) or vehicle(s) to be searched.

(5) I also understand that in addition to the items described above, if the following is found it may also be seized:

(1) any contraband, the fruits of a crime or things otherwise criminally possessed.

(2) property which is or has been used as the means of committing a criminal offense.

(3) property which constitutes evidence of the commission of a criminal offense.

(6) No one, including anyone from the Pennsylvania State Police or any other police officer, has threatened me in any way, nor has anything been promised to me in return for giving my consent to conduct this search.

WITNESSES

CONSENTOR

PRINT NAME

SIGNATURE

PRINT NAME

SIGNATURE

SAMINDER PAUL SINGHX Saminder Paul Singh3105 SLATERFIELD AVEBAKERSFIELD, CA 93313CITY, STATE

DATE

TIME

DATE

TIME

BY TOTAL PAGE 02

PHONE NO.

FROM

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM

000273-3

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E1-975563

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Police Agency Data	Agency Number <b>E1-975563</b>		Police Agency <b>68 E 01 008</b>		Patrol Zone <b>008</b>	
	Agency Name <b>Pn. State Police</b>		Investigator <b>En. 2</b>		Investigation Date (MM-DD-YYYY) <b>01-51-2002</b>	
Crash Data	Crash Date (MM-DD-YYYY)		Crash Time (Military)		No of Units No of People No Injured No Killed (If > 80, Complete Form: AA 45 F 1)	
	Reportable Crash Yes <input type="checkbox"/> No <input type="checkbox"/>		Notify Highway Maintenance Yes <input type="checkbox"/> No <input type="checkbox"/>		School Bus Related Yes <input type="checkbox"/> No <input type="checkbox"/>	
Unit Information	Unit Number Delete? <input type="checkbox"/> Type <input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Hit & Run Vehicle <input type="checkbox"/> Illegally Parked <input type="checkbox"/> Legally Parked <input type="checkbox"/> Non-Motorized		Owner Last Name (If Pedestrian, skip to Form AA 45 3 1)		Telephone Number	
	Address		City		State Zip	
Unit Information	VIN		Model Year		Vehicle Make*	
	License Plate		Reg. State		Travel Speed	
Unit Information	Insurance		Insurance Company		Policy No	
	Towed To		Towed By		Tow Agency Phone	

COMMONWEALTH OF PENNSYLVANIA 000274  
POLICE CRASH REPORTING FORM

P0314045

AA 45 3 1

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P0163738

04 SINGH M (610) 7462935  
30348 MODERN AVE SHAFER CA 92363  
B9690016 CA

Alcohol/Drugs Suspected

No Alcohol Illegal Drugs Medication Unknown

Alcohol Test Type

Test Not Given Breath Other Unknown If Test Given

Alcohol Test Results

0 Test Refused Unknown Results Test Given, Contaminated Results

Driver or Pedestrian Physical Condition

Apparently Normal Illegal Drug Use Fatigue Medication Had Been Drinking Sick Asleep Unknown

Pedestrian Signal at Scene of Crash

No Pedestrian Signal Not at Intersection Pedestrian Signal

Pedestrian Location

In Roadway < 10 Feet Off Road Marked Crosswalks at Intersection Not in Roadway > 10 Feet Off Road At Intersection - No Crosswalks Median Outside Trafficway Non-Intersection Crosswalks Island Shared Paths/ Trails Driveway Access Shoulder Unknown Sidewalk

Vehicle Code List any Vehicle Code Section this driver has violated and mark if they were charged.

Charged with Violation? Yes No

Owner/Driver Code

99

00=Not Applicable 03=Rented Vehicle 08=Other Municipal Government Vehicle 01=Private Vehicle Owned/Leased by Driver 04=State Police Vehicle 09=Federal Gov Vehicle 02=Private Vehicle Not Owned/Leased by Driver 05=PennDOT Vehicle 98=Other 06=Other State Gov Vehicle 99=Unknown 07=Municipal Police Vehicle

Driver Presence

1=Driver Operated Vehicle 2=No Driver 3=Driver Flew Scene 4=Hit and Run 9=Unknown

Unit Number Last Name FI MI Telephone Number  
Address City State Zip  
License Number State

Alcohol/Drugs Suspected

No Alcohol Illegal Drugs Medication Unknown

Alcohol Test Type

Test Not Given Breath Other Unknown If Test Given

Alcohol Test Results

0 Test Refused Unknown Results Test Given, Contaminated Results

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In Roadway < 10 Feet Off Road Marked Crosswalks at Intersection Not in Roadway > 10 Feet Off Road At Intersection - No Crosswalks Median Outside Trafficway Non-Intersection Crosswalks Island Shared Paths/ Trails Driveway Access Shoulder Unknown Sidewalk

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00=Not Applicable 03=Rented Vehicle 08=Other Municipal Government Vehicle 01=Private Vehicle Owned/Leased by Driver 04=State Police Vehicle 09=Federal Gov Vehicle 02=Private Vehicle Not Owned/Leased by Driver 05=PennDOT Vehicle 98=Other 06=Other State Gov Vehicle 99=Unknown 07=Municipal Police Vehicle

Driver Presence

1=Driver Operated Vehicle 2=No Driver 3=Driver Flew Scene 4=Hit and Run 9=Unknown

COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM

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E1-975563

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Report of accident, vehicle, and other information here. It is not required to restate information from the form.

Medical Facility

Address

Phone

Address

Phone

AT THE REQUEST OF THE ORIGINAL MISIDENTIFIED OPERATOR OF UNIT #4 WHO HAPPENS TO HAVE THE SAME NAME, MANDEEP SINGH, THE OWNER OF THE TRUCK (UNIT #4) WAS CONTACTED AS TO THE CORRECT IDENTITY OF THE TRUCK INVOLVED IN THIS ACCIDENT.

HE IDENTIFIED, MANDEEP SINGH, DOB- 3/11/79, AS THE ACTUAL DRIVER INVOLVED IN THIS ACCIDENT.

THE OPERATOR THAT WAS MISIDENTIFIED WAS RECONTACTED AND ADVISED THE ACCIDENT REPORT WOULD BE UPDATED WITH THE CORRECT OPERATOR INFORMATION.

THIS CASE WILL REMAIN OPEN PENDING FURTHER INVESTIGATION.

Witness Information and Narrative

